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Squamous cell carcinomas in Afro-Caribbean women.

(comment about the article: “Squamous cell carcinomas in African American women” by Woolery-Lloyd, J Am Acad 2011; 65: 221-23.)

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1 Squamous cell carcinoma (SCC) of the lower limbs is a common occurrence in patients of
2 African descent as reported by several large series (1-3). In light of their two initial cases
3 occurring in African-American women, Woolery-Lloyd et al. have recently focused on this
4 localization for the differential diagnosis of hyperpigmented plaques on the lower limbs of
5 elderly African American women (4).

6 The anogenital area is another common site of SCC in individuals of dark skin, reported to be
7 10% to 23% of cases in some series (2,3). In our opinion, this localization should also be
8 routinely considered in SCC screening, particularly in Afro-Caribbean patients. We recently
9 performed a 11-year retrospective study with the aim of determining the incidence of SCC,
10 on the island of Guadeloupe (French West Indies, 400736 inhabitants, mostly black Caribbean
11 of African European descent). Incident cases of SCC from the study period were identified
12 using the computerized databases from the 3 pathology laboratories of the island (Dyamic
13 software). Inclusion criteria were the following: i) histological diagnosis of SCC or Bowen
14 disease ii) excision between 1/01/2000 and 31/12/2010 iii) patients who lived on the island of
15 Guadeloupe. Clinical features of SCC (i.e.: site, size) as well as demographic data of patients
16 (i.e.: sex, age) were recorded using the pathology assessment chart. Phototypes (according
17 the Fitzpatrick classification) were secondarily recorded by using the medical file or by
18 contacting patients . Finally 723 SCC from 551 patients were included in the study (i.e.: crude
19 annual incidence: 16.54 per 100 000 inhabitants (95% CI: 12.54; 20.53)). To date, 218
20 phototypes have been recorded: i.e.: albinos 1.8%; I-II: 23.4%, III: 45.4%; IV: 11.5%, V-VI:
21 17.9%. Among the 39 Afro-Caribbean patients with dark skin (phototypes V-VI), 24 (62%)
22 were women (mean age 64+/-18 years, median 68 years). The most common site of the SCC
23 was the anogenital area (37.5%) followed by the face (16.7%). The legs were affected in
24 12.5% of cases. These preliminary results are part of the first epidemiological study of SCC in

the Afro-Caribbean population. Our results showed a high incidence of SCC on the island of Guadeloupe and a different distribution of SCC site in Afro-Caribbean women than in African American women. The high prevalence of sexual transmitted infections due to AIDS and HPV, on the Caribbean islands might explain the high frequency of SCC in the anogenital area in Afro-Caribbean women and men whom SCC was commonly located on the penis in our study (i.e. 64.3%) (5). These results suggest that anogenital screening should be considered to detect SCC in black patients from the French West Indies and probably from all the Caribbean islands .

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Figure 1 . squamous cell carcinoma of the anal area in an Afro-Caribbean woman